


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90060 034 ***150.00

DOCUMENT # P94000019430	
1. Entity Name SPRING CLEANERS, INCORPORATED	

Principal Place of Business 9920 PINES BLVD. PEMBROKE PINES FL 33025	Mailing Address 9920 PINES BLVD. PEMBROKE PINES FL 33025
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DRANG, SHANNON 9920 PINES BLVD. PEMBROKE PINES FL 33025		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRANG, CRAIG 37575 NW 89TH WAYT COOPER CITY FL 33024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DRANG, DIANE 3575 89TH WAY COOPER CITY FL 33024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRANG, SHANNON 5896 SW 89TH LANE COOPER CITY FL 33328 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PELLETIER, SHANNON 5896 SW 89 LANE COOPER CITY, FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shannon Pelletier* SHANNON PELLETIER 2-11-05 904-430-1601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40018417
#P94000019730
(STATE FILE NUMBER)

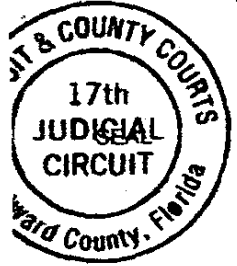
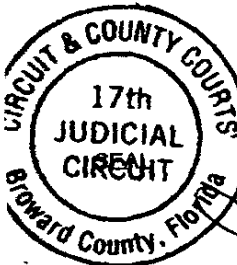
Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

DATE RETURNED: **OCT 0 6 2004**
RECORDED: BOOK **349** PAGE **3763**
HOWARD C. FORMAN, CLERK OF COURT
BY **RL**, DEPUTY CLERK

ML-AA-04-000221
(APPLICATION NUMBER)

APPLICATION TO MARRY			
1. GROOM'S NAME (First, Middle, Last) SEAN ALLAN PELLETIER		2. DATE OF BIRTH (Month, Day, Year) NOV 22, 1968	
3a. RESIDENCE - CITY, TOWN, OR LOCATION COOPER CITY	3b. COUNTY BROWARD	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) NEW HAMPSHIRE
5a. BRIDE'S NAME (First, Middle, Last) SHANNON DIANE DRANG		5b. MAIDEN SURNAME (if different) DRANG	
6. DATE OF BIRTH (Month, Day, Year) DEC 05, 1969		7. BIRTHPLACE (State or Foreign Country) NEW JERSEY	
7a. RESIDENCE - CITY, TOWN, OR LOCATION COOPER CITY		7b. COUNTY BROWARD	7c. STATE FLORIDA
WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.			
9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Sean Allan Pelletier</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) SEP 08, 2004	
11. TITLE OF OFFICIAL DEPUTY CLERK SHENIKA BENNETT		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Shenika Bennett</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Shannon Diane Drang</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) SEP 08, 2004	
15. TITLE OF OFFICIAL DEPUTY CLERK SHENIKA BENNETT		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Shenika Bennett</i>	
LICENSE TO MARRY			
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			
17. COUNTY ISSUING LICENSE BROWARD	18. DATE LICENSE ISSUED SEP 08, 2004	18a. DATE LICENSE EFFECTIVE SEP 11, 2004	19. EXPIRATION DATE NOV 09, 2004
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Shenika Bennett</i>		20b. TITLE DEPUTY CLERK SHENIKA BENNETT	20c. BY D.C.
CERTIFICATE OF MARRIAGE			
I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.			
21. DATE OF MARRIAGE (Month, Day, Year) SEPT. 17, 2004		22. CITY, TOWN, OR LOCATION OF MARRIAGE KEY WEST, FLORIDA	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Craig Drang</i>		23c. ADDRESS (Of person performing ceremony) 33875 2900 OAK Bch Blvd SEBING FL	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Craig Drang My Commission CC998042 Expires January 31 2005		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Robert [unclear]</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Shera [unclear]</i>	



SEAL